

2:05CV947-F

State of Alabama Unified Judicial System Form C-10 Page 1 of 2	AFFIDAVIT of SUBSTANTIAL HARDSHIP and ORDER	Case Number <u>2:05CV943-F</u>
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IN THE MIDDLE DISTRICT COURT OF MONTGOMERY, ALABAMA ALABAMA
 (Circuit, District or Municipal) (Name of County or Municipality)
 STYLE OF CASE: ROY MORE ET AL. v. BOB RILEY ET AL.
 Plaintiff(s) Defendant(s)
 TYPE OF PROCEEDING: CIVIL CHARGE(s) (if applicable):

- ☒ **CIVIL CASE--** I, because of substantial hardship, am unable to pay the docket fee and service fees in this case. I request that payment of these fees be waived initially and taxed as costs at the conclusion of the case.
- ☒ **CIVIL CASE--**(such as paternity, support, termination of parental rights, dependency) - I am financially unable to hire an attorney and I request that the Court appoint one for me.
- ☐ **CRIMINAL CASE--** I am financially unable to hire an attorney and request that the Court appoint one for me.
- ☐ **DELINQUENCY/NEED OF SUPERVISION** - I am financially unable to hire an attorney and request that the Court appoint one for my child/me.

SECTION I.

AFFIDAVIT

1. IDENTIFICATION

Full Name ROY MORE#197649 Date of Birth _____
 Spouse's Full Name (if married) N/A
 Complete Home Address P.O BOX 8 A2-15 ELMORE, AL. 36025
 Number of People Living in Household N/A
 Home Telephone No. N/A
 Occupation/Job N/A Length of Employment N/A
 Driver's License Number N/A * Social Security Number N/A
 Employer N/A Employer's Telephone No. N/A
 Employer's Address N/A

2. ASSISTANCE BENEFITS

Do you or anyone residing in your household receive benefits from any of the following sources? (if so, please check those which apply.)

☐ AFDC ☐ Food Stamps ☐ SSI ☐ Medicaid ☐ Other XXXXXX

3. INCOME/EXPENSE STATEMENT

Monthly Gross Income:

Monthly Gross Income
 Spouse's Monthly Gross Income (unless a marital offense)
 Other Earnings: Commissions, Bonuses, Interest Income, etc.
 Contributions from Other People Living in Household
 Unemployment/Workmen's Compensation,
 Social Security, Retirement, etc.
 Other Income (be specific) XXXXXX

\$X
X
X
X
X
X

TOTAL MONTHLY GROSS INCOME

\$ XXXX

Monthly Expenses:

A. Living Expenses

Rent/Mortgage
 Total Utilities: Gas, Electricity, Water, etc.
 Food
 Clothing
 Health Care/Medical
 Insurance
 Car Payment(s)/Transportation Expenses
 Loan Payment(s)

\$X
X
X
X
X
X
X

* OPTIONAL

Form C-10
Page 2 of 2

Rev. 2/95

AFFIDAVIT of SUBSTANTIAL HARDSHIP and ORDER

Case Number

Monthly Expenses: (cont'd from page 1)

Credit Card Payment(s)

X

Educational/Employment Expenses

X

Other Expenses (be specific)

X

Sub-Total

A \$ X

B. Child Support Payment(s)/Alimony

\$ X

Sub-Total

B \$ X

C. Exceptional Expenses

\$ X

TOTAL MONTHLY EXPENSES (add subtotals from A & B monthly only)

\$ X

Total Gross Monthly Income less total monthly expenses:

DISPOSABLE MONTHLY INCOME

\$

4. LIQUID ASSETS:

Cash on Hand/Bank (or otherwise available such as stocks, bonds, certificates of deposit)

\$ X

Equity in Real Estate (value of property less what you owe)

X

Equity in Personal Property, etc. (such as the value of motor vehicles, stereo, VCR, furnishings, jewelry, tools, guns less what you owe)

X

Other (be specific) Do you own anything else of value? ☐ Yes ☒ No
(land, house boat, TV, stereo, jewelry)

X

If so, describe

TOTAL LIQUID ASSETS

\$ XXXXX

5. Affidavit/Request

I swear or affirm that the answers are true and reflect my current financial status. I understand that a false statement or answer to any question in the affidavit may subject me to the penalties of perjury. I authorize the Court or its authorized representative to attain records or information pertaining to my financial status from any source in order to verify information provided by me. I further understand and acknowledge that, if the Court appoints an attorney to represent me, the Court may require me to pay all or part of the fees and expenses of my court-appointed counsel.

Sworn to and subscribed before me this

27 day of September, 2005

Cuthbert D. Martin

Judge/Clerk/Notary

Affiant's Signature

Print or Type Name

SECTION II.

ORDER OF COURT

IT IS THEREFORE, ORDERED AND ADJUDGED BY THIS COURT AS FOLLOWS:

- ☐ Affiant is not indigent and request is DENIED.
- ☐ Affiant is partially indigent and able to contribute monetarily toward his defense; therefore, defendant is ordered to pay \$ _____ toward the anticipated cost of appointed counsel. Said amount is to be paid to the Clerk of Court or as otherwise ordered and disbursed as follows: _____

- ☐ Affiant is indigent and request is GRANTED.
- ☐ The prepayment of docket fees is waived.

IT IS FURTHER ORDERED AND ADJUDGED that _____, is hereby appointed as counsel to represent affiant.

IT IS FURTHER ORDERED AND ADJUDGED that the Court reserves the right and may order reimbursement of attorney's fees and expenses, approved by the Court and paid to the appointed counsel, and costs of court.

Done this _____ day of _____, 19 ____.

Judge

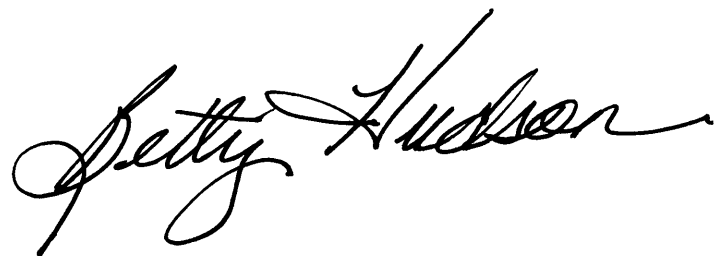
STATE OF ALABAMA
DEPARTMENT OF CORRECTIONS
ELMORE CORRECTIONAL FACILITY

AIS #: 197649

NAME: MOSE, ROY

AS OF: 09/27/2005

MONTH	# OF DAYS	AVG DAILY BALANCE	MONTHLY DEPOSITS
SEP	3	\$0.64	\$0.00
OCT	31	\$0.64	\$0.00
NOV	30	\$0.64	\$0.00
DEC	31	\$0.64	\$0.00
JAN	31	\$7.32	\$50.00
FEB	28	\$11.44	\$0.00
MAR	31	\$0.03	\$0.00
APR	30	\$0.03	\$0.00
MAY	31	\$0.03	\$0.00
JUN	30	\$0.03	\$0.00
JUL	31	\$52.28	\$60.00
AUG	31	\$60.03	\$0.00
SEP	27	\$28.88	\$0.00

A handwritten signature in cursive script, reading "Betty Hudson". The signature is written in black ink and is located in the bottom right corner of the page.